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CERTIFICATE OF FACSIMILE TRANSMISSION
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571)-273-8300.

Date: Oct. 16, 2006
Anne AntonoffIn Re Application Of:
Hassell, et al.

Art Unit: 2137

Serial No.: 09/650,867

Confirmation No.: 2151


Filed: August 30, 2000

Docket No. 061607-1390

For: **System and Method for a Troubleshooting Portal to Allow Temporary Management Access to a Communication Device****Request for Continued Examination
Petition for Extension of Time
Amendment Transmittal
Sixth Response and Amendment
Authorizing of \$910.00 for the EOT and RCE**

TOTAL PAGES (including cover sheet)

OCT 16 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. 061607-1390	
Applicant(s): Hassell, et al.					
Serial No. 09/650,867	Filing Date August 30, 2000	Examiner Schubert, Kevin R.	Confirmation No. 2151	Group Art Unit 2137	
Invention: System And Method For A Troubleshooting Portal To Allow Temporary Management Access To A Communication Device					
Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is a Sixth Response and Amendment in the above-identified application. The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58-	61 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$910.00
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. in the amount of \$ <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$910.00. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.					
 Karen G. Hazzah, Reg. No. 48,472			Oct 16, 2006 Date		